

VISN 5 VA Capitol Health Care Network PI GRID

VISN PIs

	Effective Use of Resources	
PI?	Issue	Rationale/Comments Re: PI
N	Small Facility Planning Initiative	Fort Howard was converted to a CBOC in 2002.
Y	Proximity 120 Mile Tertiary	The following medical centers providing tertiary hospital care are within a 120 mile radius. While the two major metropolitan areas of Baltimore and Washington DC support two facilities, VISN 5 will explore Centers of Excellence between the two sites. Baltimore, MD and Washington, DC.
N	Proximity 120 Mile Tertiary	Baltimore, MD and Philadelphia, PA (VISN 4). The travel time distances with traffic patterns are prohibitive to shared services.
N	Proximity 120 Mile Tertiary	Washington, DC and Richmond, VA (VISN 6). The travel time distances with traffic patterns are prohibitive to shared services.
N	Proximity 60 Mile Acute	Baltimore, MD and Washington, DC. These two major metropolitan cities justify the need for two sites providing acute services.
N	Proximity 60 Mile Acute	Perry Point, MD and Baltimore, MD. Perry Point and Baltimore have different missions that do not overlap. Perry Point is primarily LTC and Psychiatry.
N	Proximity 60 Mile Acute	Perry Point, MD and Wilmington, DE (VISN 4). With the recent VA Maryland HCS mission changes in FY2002, the Perry Point mission is LTC and Psychiatry. Perry Point is not an acute care hospital.
Y	Vacant Space	All VISNs will need to explore options and develop plans to reduce vacant space by 10% in 2004 and 30% by 2005.

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Collaborative Opportunities for use during development of Market Plans		
CO?	Collaborative Opportunities	Rationale/Comments
Y	Enhanced Use	National Top 15-Use Lease Opportunities: Fort Howard, MD and Washington, DC. Possible Enhanced-Use opportunities at Perry Point, MD.
Y	VBA	Co-Location at Washington, DC OneVA Vocational Rehabilitation Service expansion at Martinsburg and new development at Baltimore, MD and Washington, DC.
N	NCA	No sites identified.
Y	DOD	There are potential DoD opportunities with the VA that were found in V5 for review and analysis. <ul style="list-style-type: none"> •Share VA technology for Electronic Medical Record for improved VA/DoD communications. •Joint Venture Community Based Outpatient Clinics at Fort Belvoir, Fort Detrick and Fort Meade. •Investigate opportunities to develop Centers of Excellence. •Review contracted medical care for possible joint VA/DoD actions. •Possible VA/DoD Conference/Education Center in the DC area. •Investigate opportunities for VA/DoD Reference Lab. •Sharing High Tech/High Cost equipment. •Sharing of laundry services and incinerator for medical waste. •Joint venture working with US VETS for Residential Care Housing.

Other Gaps/Issues Not Addressed By CARES Data Analysis		
PI?	Other Issues	Rationale/Comments
Y	Nursing Home Care Facility Condition Planning Initiative	VISN 5 recommends a Planning Initiative to replace the Perry Point Nursing Home Care Unit. CARES NH/Intermediate data, although not being used in this round to develop Planning Initiatives, does support the need to sustain this program. The Facility Condition Assessment scores for the Nursing Home Unit at Perry Point averaged D (failing), which indicate system deficiencies. Space and Functional scores averaged 2 (unacceptable) indicating poor functional layout
Y	Inpatient Mental Health Realignment Planning Initiative	VISN 5 would like to develop a VISN-wide Planning Initiative for inpatient mental health services. The CARES data does not reflect the impact on the large psychiatric and homeless populations in the Washington/ Baltimore areas.

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Martinsburg Market

CARES Categories Planning Initiatives							
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap	Rationale for PI
	Access to Primary Care (# of enrollees)						Met access guidelines
	Access to Hospital Care (# of enrollees)						Met access guidelines
	Access to Tertiary Care (# of enrollees)						Met access guidelines
PI	Specialty Care Outpatient Stops	Population Based	57,650	89%	37,360	58%	Prioritized based on magnitude of gap.
		Treating Facility Based	73,104	113%	53,006	82%	
PI	Primary Care Outpatient Stops	Population Based	42,089	46%	14,101	16%	Trends to 2022 continue in the positive direction and are only slightly below threshold criteria.
		Treating Facility Based	56,895	54%	25,609	24%	
	Medicine Inpatient Beds	Population Based	9	22%	-3	-7%	Threshold criteria are not met.
		Treating Facility Based	10	25%	-1	-2%	
	Psychiatry Inpatient Beds	Population Based	8	32%	1	2%	Threshold criteria are not met.
		Treating Facility Based	9	43%	1	3%	
	Surgery Inpatient Beds	Population Based	6	52%	2	16%	Threshold criteria are not met.
		Treating Facility Based	2	46%	1	14%	
	Mental Health Outpatient Stops	Population Based	10,955	37%	1,819	6%	Threshold criteria are not met.
		Treating Facility Based	5,770	14%	N/A	N/A	

VISN 5 PI GRID

Baltimore Market

CARES Categories Planning Initiatives							
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap	Rationale for PI
	Access to Primary Care (# of enrollees)						Met threshold criteria
	Access to Hospital Care (# of enrollees)						Met threshold criteria
	Access to Tertiary Care (# of enrollees)						Met threshold criteria
PI	Specialty Care Outpatient Stops	Population Based	148,651	119%	101,439	82%	Prioritized based on magnitude of gap.
		Treating Facility Based	141,303	111%	95,489	75%	
PI	Psychiatry Inpatient Beds	Population Based	-104	-56%	-128	-69%	Prioritized based on magnitude of gap.
		Treating Facility Based	-72	-28%	-108	-41%	
PI	Primary Care Outpatient Stops	Population Based	71,609	48%	22,115	15%	Trends to 2022 continue in the positive direction and are only slightly below threshold criteria.
		Treating Facility Based	64,838	41%	15,761	10%	
	Medicine Inpatient Beds	Population Based	0	0%	-26	-25%	2022 Market gap alone was not considered a strong enough gap to be considered a Planning Initiative priority.
		Treating Facility Based	2	2%	-25	-23%	
	Surgery Inpatient Beds	Population Based	1	3%	-8	-24%	Threshold criteria are not met.
		Treating Facility Based	3	8%	-7	-19%	
	Mental Health Outpatient Stops	Population Based	N/A	N/A	N/A	N/A	Threshold criteria are not met.
		Treating Facility Based	N/A	N/A	N/A	N/A	

VISN 5 PI GRID

Washington Market

CARES Categories Planning Initiatives							
Market PI	Category	Type Of Gap	FY2012 Gap	FY2012 %Gap	FY2022 Gap	FY2022 %Gap	Rationale for PI
	Access to Primary Care (# of enrollees)						
	Access to Hospital Care (# of enrollees)						
	Access to Tertiary Care (# of enrollees)						
PI	Specialty Care Outpatient Stops	Population Based	144,216	115%	130,174	104%	Prioritized based on magnitude of gap.
		Treating Facility Based	157,766	127%	138,077	111%	
PI	Primary Care Outpatient Stops	Population Based	69,703	52%	45,695	34%	Prioritized based on magnitude of gap.
		Treating Facility Based	78,418	59%	50,362	38%	
PI	Psychiatry Inpatient Beds	Population Based	27	36%	10	13%	Trends to 2022 continue in the positive direction although they are slightly below threshold criteria. VISN 5 has recommended a VISN-wide Planning Initiative for Domiciliary and Inpatient Psychiatry to look at realigning services according to where patients reside.
		Treating Facility Based	10	41%	1	3%	
	Medicine Inpatient Beds	Population Based	19	23%	6	7%	Threshold criteria are not met.
		Treating Facility Based	17	20%	2	3%	
	Surgery Inpatient Beds	Population Based	5	19%	1	3%	Threshold criteria are not met.
		Treating Facility Based	8	24%	1	5%	
	Mental Health Outpatient Stops	Population Based	N/A	N/A	N/A	N/A	Threshold criteria are not met.
		Treating Facility Based	N/A	N/A	N/A	N/A	